

2018 WYOMING KIDS CAMP REGISTRATION FORM

Please Check Which Camp Your Child is Attending

Kids Camp #1- June 11-15, 2018

Kids Camp #2- June 18-21, 2018

Camper's Information

Camper's Name: _____ Age: _____

DOB: _____ Grade Completed: _____ Gender: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Best Phone#: _____

Parent/Guardian: _____ Best Phone#: _____

In the case of an emergency, my child may be picked up by.....

1. _____ 2. _____

3. _____ 4. _____

My child may **NOT** be picked up by.....

1. _____ 2. _____

Church Information *(the church you are attending camp with)*

Church: _____ Church Phone#: _____

City: _____ State: _____ Zip: _____

Model Release

To promote, evaluate, or otherwise describe the Wyoming Assemblies of God Discipleship Department programs and activities, I give permission to the Wyoming Assemblies of God Discipleship Department, and its agents, to use in connection with any publication (including but not limited to brochures, booklets, videotapes, reports, press releases, Web sites, and exhibits) any image or recording in which my child, _____ may appear, to use and cite any comment(s), verbal or written, made by him/her about the program, and to use his/her name in connection with any publication and in such manner as determined by the Wyoming Assemblies of God Discipleship Department.

X (Parent Signature) _____ Date _____

Parent Permission

I, _____, do hereby give my permission for my child, _____, to attend the Wyoming Assemblies of God Kids Camp on _____.

X (Camper Signature) _____ Date _____

X (Parent Signature) _____ Date _____

HEALTH INFORMATION

In case of medical emergency and parents cannot be reached, please contact:

Emergency Contact _____ Emergency Phone (____) _____

Emergency Contact (2) _____ Emergency Phone (____) _____

Insurance Company: _____ Policy# _____

Date of last Tetanus Shot _____

Doctor's Name _____ City _____ Phone _____

In case of emergency, is there anything the camp health personnel or the doctor should know? _____

If the camper suffers from any of the following, please identify.

___ Heart Trouble ___ Diabetes ___ Skin Trouble ___ Fainting spells ___ Lung trouble ___ Ear Trouble ___ Sinus Infection

___ Allergies (specify) _____

Medication Allergies ___ Yes ___ No (specify) _____

Food Allergies ___ Yes ___ No (specify) _____

Is camper allergic to insect bites? ___ Yes ___ No (specify) _____

Explain any other health problems _____

Does the camper require medication like shots, drugs, or anything requiring control? ___ *****Yes** ___ **NO-**

*****IF SO, THEY MUST BE TURNED IN TO CAMP NURSE FOR DISPENSING**

Name of medication (s) in ORIGINAL PRESCRIPTION BOTTLE ONLY _____

My child can take the following medications if needed (please circle) Ibuprofen Tylenol Cold-medication Allergy-medication Laxative Anti-diarrheal

MEDICAL & LIABILITY RELEASE

Registrant's Full Name (Please print.) _____

I assume full liability of hazard and risk for myself (or my child) during this year's summer camp. I give permission for hospital, medical center staff, or camp nurse to administer any necessary treatment immediately to my child should I he/she be sick or injured during 2018 Summer Camp. I do not hold the Wyoming Assemblies of God Discipleship Department, nor the churches involved, nor its respective officers and staff responsible for any injury as a result of my (or my child's) participation in the 2018 Summer Camp.

X (Parent Signature) _____ **Date** _____